

CORINTHIAN CONDOMINIUM ASSOCIATION, INC.

**936 INTRACOASTAL DRIVE
FORT L AUDERDALE, FL 33304
954-561-3839**

APT. _____

"CORINTHIAN ON THE INTRACOASTAL"

APPLICATION FOR PURCHASE APPROVAL

- 1 - This application, and the attached application for occupancy and authorization forms must be completed in detail by each proposed purchaser, other than a married couple or parent/dependent child (which is considered one applicant).
- 2 - If any question is not answered or left blank, this application will be returned, not processed and not approved.
- 3 - Please attach a copy of the sales contract to this application.
- 4 - Please attach a **non-refundable processing fee of \$100.00** to this application, made payable to **CORINTHIAN CONDOMINIUM ASSOCIATION, INC.** for each applicant, other than a married couple or parent/dependent child (which is considered one applicant).
 - Acceptance of the processing fee does not in any way constitute approval of this transaction.
- 5 - The completed application must be submitted to the Association office at least 30 days prior to the expected closing date.
- 6 - All applicants must make themselves available for a personal interview prior to final Board of Directors approval. Occupancy prior to Board approval is prohibited.
- 7 - No pets allowed at any time.
- 8 - Use of this apartment is for single family residence only.
- 9 - No commercial vehicles, trucks, boats, trailers, motor homes, mobile homes, campers, recreational vehicles, etc. permitted to park on the premises overnight.
- 10- The seller (current owner) must provide the purchaser with a copy of all Association Documents and Rules & Regulations otherwise, you must purchase them from the Association.
- 11- Purchaser must notify the Association office with the exact date of their closing.
- 12 - **Leasing is prohibited for the first two (2) years of ownership.**
- 13- Please attach a copy of your photo ID.

MUST PRINT OR TYPE ALL INFORMATION ON THESE FORMS

Date _____ Apt. No. _____ Approx. Closing Date _____

Current Owner's Name _____ Tele. No. _____

Owner's Present Address _____

Name of Realtor Handling Sale _____ Tele. No. _____

NAME of Prospective Purchaser (as Title will appear):

a. _____ b. _____ (Spouse)

MORTGAGE INFORMATION: (If apartment will be mortgaged):

Name of Lender _____ Tele. No. _____

Address _____

OTHER PERSONS who will occupy the apartment with you:

<u>Name</u>	<u>Age</u>	<u>Relationship / Occupation</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever seasonally resided in Florida before? ____ If yes, please state the name, address and dates of residency: _____

If retired, please state the company's name and address retired from and when retired: _____

Have you or any proposed occupant ever been convicted or pled guilty to a crime? ____ If yes, please state the date(s), charge(s), disposition(s) and location(s): _____

1. In making the foregoing application, I represent to the Board of Directors that the purpose for the Purchase of an apartment at **THE CORINTHIAN CONDOMINIUM** is as follows:

Permanent Residence _____ Seasonal Residence _____ Other (Explain) _____

2. I hereby agree for myself and on behalf of all persons who may use the apartment that I seek to purchase that I will abide by all of the restrictions contained in the By-Laws, Rules and Regulations, Association Documents, and restrictions which are or may in the future be imposed by **THE CORINTHIAN CONDOMINIUM ASSOCIATION**.
3. I have received a copy of all Association Documents: Yes ____ No ____
I have received a copy of the Community Rules & Regulations: Yes ____ No ____
4. I understand that I will be advised by the Board of Directors of either acceptance or denial of this application.
5. If this application is accepted, I will provide the Association with a copy of the Closing Statement and a copy of the recorded Deed within 10 days after closing.
6. I understand that there is a restriction on pets and that I may not bring a pet, nor may any guest, visitor or tenant bring a pet into **THE CORINTHIAN CONDOMINIUM**, nor acquire one, either temporarily or permanently after occupancy.
7. I understand that the acceptance for purchase of an apartment at **THE CORINTHIAN CONDOMINIUM** is conditioned upon the truth and accuracy of this application and upon the approval of the Board of Directors. Any misrepresentation, falsification or omission of the information on these forms will result in the automatic disqualification of your application. Occupancy prior to Board of Directors approval is prohibited.
8. I understand that the Board of Directors of **THE CORINTHIAN CONDOMINIUM ASSOCIATION** may cause to be instituted an investigation of my background as the Board may deem necessary. Accordingly, I specifically authorize the Board of Directors, Management and APPLICANT INFORMATION to make such investigation and agree that the information contained in this and the attached application may be used in such investigation, and that the Board of Directors, Officers and Management of **THE CORINTHIAN CONDOMINIUM ASSOCIATION** itself shall be held harmless from any action or claim by me in connection with the use of the information contained herein or any investigation conducted by the Board of Directors.

In making the foregoing application, I am aware that the decision of **THE CORINTHIAN CONDOMINIUM ASSOCIATION** will be final and no reason will be given for any action taken by the Board of Directors. I agree to be governed by the determination of the Board of Directors.

APPLICANT _____ APPLICANT _____

WITNESS _____ WITNESS _____

INSTRUCTIONS:

- 1 -All applicants are processed as separate investigations.
- 2 -Print legibly or type all information. Account and telephone numbers and complete addresses are required.
- 3 -If any question is not answered or left blank, this application may be returned, not processed or not approved.
- 4 -Missing information will cause delays in processing your application.
- 5 -Any misrepresentation, falsification or omission of information may result in your disqualification.
- 6- Only the applicants are authorized to sign all forms on page 2.

APPLICATION FOR OCCUPANCY/APPROVAL**PRINT OR TYPE (Use Black Ink)**

Purchase _____ or Lease _____ (How long)

Apt. No. _____ Bldg No. _____ Special Address or Unit _____
Date _____ 20 _____ Desired date of occupancy _____
Name (Mr./Mrs. /Ms.) _____ Date of Birth _____ Soc. Sec No. _____
(mm/dd/yy) (Passport, Alien, Green Card, Social Insurance No.)
Spouse (Mr./Mrs./Ms.) _____ Date of Birth _____ Soc. Sec No. _____
(mm/dd/yy) (Passport, Alien, Green Card, Social Insurance No.)
[] Sngl. [] Married [] Widow(er) [] Sep. _____ [] Div. _____ Maiden Name _____
(How long) (How long)
Number of people who will occupy. Adults (over age 18) _____ Children (over 18) _____ Children (under 18) _____
Names & ages of children who will occupy: _____
Description of Pets (Breed, Size, Color, Weight, Etc.) _____
In case of emergency notify: _____

Name

Address

Telephone

PRINT OR TYPE (Use Black Ink)**RESIDENCE HISTORY**

A. Present Address _____ Phone (____) _____
(Street Address, Apt No., City, State, Zip)
Name of Apt. /Condo _____ Phone (____) _____ Dates of Residency _____
Name of Landlord or Mortgage Co. _____ Phone (____) _____
Address _____ Mtg. No. _____
B. Previous Address _____ Your Apt No. _____
(Street Address, Apt No., City, State, Zip)
Name of Apt. /Condo _____ Phone (____) _____ Dates of Residency _____
Name of Landlord or Mortgage Co. _____ Phone (____) _____
Address _____ Mtg. No. _____
C. Prior Address _____ Your Apt No. _____
(Street Address, Apt No., City, State, Zip)
Name of Apt. /Condo _____ Phone (____) _____ Dates of Residency _____
Name of Landlord or Mortgage Co. _____ Phone (____) _____
Address _____ Mtg. No. _____

PRINT OR TYPE (Use Black Ink)**EMPLOYMENT & BANK REFERENCES**

A. Employed By (Business Name) _____ Phone (____) _____
(or retired from)
How long _____ Dept. or Position _____ Mo. Income _____
Address _____ Zip _____
B. Spouse's Employment (Business Name) _____ Phone (____) _____
(or retired from)
How long _____ Dept. or Position _____ Mo. Income _____
Address _____ Zip _____
C. Bank Reference _____ Phone (____) _____
How long _____ Ck. Acct. No. _____ Sav. Acct. No. _____
Address _____ Zip _____
D. Bank Reference _____ Phone (____) _____
How long _____ Ck. Acct. No. _____ Sav. Acct. No. _____
Address _____ Zip _____

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